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Sexuality and marital satisfaction in patients followed for breast cancer in a regional hospitalF. Zaouali^{1*}, I. Abbes¹, A. Ben Slama² and I. Belhaj Youssef³¹Outpatient Medical Oncology consultation, Haj Ali Soua regional hospital, Ksar Hellal, Monastir; ²Family Medicine Department, University of Monastir, Monastir and ³Outpatient Physical Medicine and Rehabilitation consultation, Haj Ali Soua regional hospital, Ksar Hellal, Monastir, Tunisia

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Introduction: Breast cancer is the leading cancer in women in developed and developing countries. Treatment strategies can affect sexuality in the short or long term.**Objectives:** The aim of our study was to assess sexuality and marital satisfaction in patients followed for breast cancer.**Methods:** Cross-sectional descriptive study including patients followed for breast cancer at the outpatient medical oncology consultation of Hadj Ali Soua regional hospital from January to March 2021. We passed the Female Sexual Function Index (FSFI) and the marital adjustment test (MAT).**Results:** Fifteen patients were included with a mean age of 49.87 ± 8.48 years and a mean age at diagnosis of 46.73 ± 7.55 years. At the TNM classification, 66.6% of the patients had a T1 or T2 at the time of diagnosis and 80% had an N0. All patients received a surgical intervention, which was conservative in 53.3% of cases. No patient underwent breast reconstruction. Chemotherapy and hormone therapy were prescribed in 86.7% of patients. Radiotherapy and targeted therapy were prescribed in 12 and 2 case, respectively. Amenorrhea, hot flushes and vaginal dryness were noted in 98.7%, 26.7% and 7.6% of patients, respectively. Sexual disorders were found in 53.3% of cases, which settled in a chronic mode in 75% of cases and progressed in a continuous mode in half of cases. The assessment of physical and erotic life was revealed to be neat in 73.3% of the patients. The mean score of the FSFI questionnaire was 17.25 [2.6-31.9]. Eleven patients (73.3%) had sexual dysfunction. A low marital satisfaction was found in 34% of cases.**Conclusions:** The medical consultation to identify sexuality disorders in correlation with the marital dissatisfaction in women followed for new breast cancer is crucial allowing a better management of this pathology.**Disclosure of Interest:** None Declared

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Paraneoplastic encephalitis and delirium – a case reportK. Jecic^{1*} and M. Stojanovic²¹Dispensary for Psychohygiene, Health Center Maribor and ²Department of Psychiatry, University Clinical Center Maribor, Maribor, Slovenia

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Introduction: Delirium is an important mental disorder, especially in intensive care units, which negatively affects the morbidity and mortality. Subjective clinical assessment of patients by non-psychiatric health professionals in intensive care units is insufficient to detect and measure delirium. Therefore, different scoring

scales have been developed to assess delirium. A brief examination cannot entirely differentiate between a delirium, especially of organic origin, versus a psychotic break. Measurement scales for delirium are not routinely used. However, evidence shows that objective assessment of delirium contributes to its early detection in intensive care and the initiation of appropriate treatment.

Objectives: To show the importance of using validated scales in delirium patients.**Methods:** A case report.**Results:** A 63-year-old male patient was admitted to our psychiatry ward after being evaluated by the local internal medicine specialist for confusion and suicidal ideation. He wrote a suicide note and had a positive family history for mental disorder (the brother has schizophrenia). During the initial mental state examination, the patient showed general disorientation, thought dissociation and defunct reality testing. A profound laboratory testing did not show any meaningful changes. A CT-scan was conducted that showed no pathologic alteration. Firstly, the patient was treated as a psychotic case, with haloperidol and diazepam parenterally. After no evident improvement of his mental state the Delirium Detection Scale (DDS) was used. Eliciting a highly positive result, the patient was re-evaluated as an (somatic) delirium. Therefore, a neurologist was consulted and a lumbar puncture performed. The cerebrospinal fluid (CSF) was indicative for a viral meningitis. So, the patient was admitted to the Infectious Disease Unit. As no treatment showed results an additional CSF panel for paraneoplastic antibodies. This came back very positive for AntiHu – a marker for small-cell lung carcinoma. Next day's thoracic CT scan revealed a massive carcinoma with no proliferation. At last, the patient was transferred to the pneumo-oncological unit where he received pulse therapy with methylprednisolone. After which, his mental state recovered fully and the patient started chemotherapy.**Conclusions:** Delirium is a complex medical situation. It is an emergency which is classified in the ICD as a mental disorder. However, it demands medical and non-psychiatric therapy swiftly. Only, a swift and precise diagnosis can be a leading light here. The use of diagnostic scales should be encouraged as shown in this case report.**Disclosure of Interest:** None Declared

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Religiosity and Mental Health among Muslim Cancer PatientsN. Becarevic^{1*} and R. Softic²¹Clinic of Psychiatry, University Clinic Center Tuzla, Tuzla, Bosnia and Herzegovina and ²Clinic of Psychiatry, University Clinic Center Tuzla, Tuzla

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Introduction: Religiosity and spirituality are resources, frequently used by patients as a strategy against chronic diseases. Islam is the fastest growing monotheistic religion whose belief is based on the unity of God and devotion to God's will, gratitude, and satisfaction with God's provision. Despite many researches have proven mostly positive correlation between religion and health, there is a lack of them directed to a single religion.